

#4

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to PCT International Applications)

 ATTORNEY'S DOCKET
 NUMBER
 07083.0008US

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUPERFICIAL ZONE PROTEIN AND METHODS OF MAKING AND USING SAME

the specification of which (check only one item below):

[] is attached hereto.

[x] was filed as United States application Serial No. 10/038,694 on 31 December 2001 and was amended on (if applicable)

[] was filed as PCT international application Number _____ on _____

and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	APPLICATION DATE	PRIORITY CLAIMED
1.			
2.			
3.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/258,920	12/29/2000	
2.		
3.		

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATION NO.	PCT FILING DATE	U.S. FILING NUMBERS ASSIGNED (if any)		

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

 Customer Nos. : 23347
 And 23859


23347

PATENT TRADEMARK OFFICE



23859

PATENT TRADEMARK OFFICE

Send Correspondence to:

 Tina Williams McKeon, Reg. No. 43,791
 Needle & Rosenberg, P.C., Suite 1200, The Candler Building
 127 Peachtree St., N.E., Atlanta, GA 30303-1811

 Direct Telephone Calls to:
 Tina McKeon
 *
 PHONE NO.:
 404-688-0770

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR HUTCHINS	FAMILY NAME KUETTNER	FIRST GIVEN NAME Jeff	SECOND GIVEN NAME/INITIAL T.
2 0 1	RESIDENCE & CITIZENSHIP Cumming	CITY GA	STATE OR FOREIGN COUNTRY GA	COUNTRY OF CITIZENSHIP US
201	POST OFFICE ADDRESS 1120 Quail Run Lane	CITY Cumming	STATE & ZIP CODE/COUNTRY GA 30041US	
201	SIGNATURE <i>Jeff Hutchins</i>			DATE: 03/18/02
2 0 2	FULL NAME OF INVENTOR SCHMID	FAMILY NAME SCHUMACHER	FIRST GIVEN NAME Klaus	SECOND GIVEN NAME/INITIAL E.
2 0 2	RESIDENCE & CITIZENSHIP Chicago	CITY IL	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP US
202	POST OFFICE ADDRESS 445 W. Briar Place	CITY Chicago	STATE & ZIP CODE/COUNTRY IL 60657 US	
202	SIGNATURE			DATE:
2 0 3	FULL NAME OF INVENTOR Downers Grove	FAMILY NAME Barbara	FIRST GIVEN NAME Thomas	SECOND GIVEN NAME/INITIAL M.
2 0 3	RESIDENCE & CITIZENSHIP Downers Grove	CITY IL	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP US
203	POST OFFICE ADDRESS 6806 Wolf Place	CITY Downers Grove	STATE & ZIP CODE/COUNTRY IL 60516 US	
203	SIGNATURE			DATE:
2 0 4	FULL NAME OF INVENTOR Cardiff by the Sea	FAMILY NAME CA	FIRST GIVEN NAME Barbara	SECOND GIVEN NAME/INITIAL L.
2 0 4	RESIDENCE & CITIZENSHIP Cardiff by the Sea	CITY CA	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
204	POST OFFICE ADDRESS 2418 Caminito Ocean Cove	CITY Cardiff by the Sea	STATE & ZIP CODE/COUNTRY CA 92007 US	
204	SIGNATURE			DATE:
2 0 5	FULL NAME OF INVENTOR SU	FAMILY NAME Jui-Lan	FIRST GIVEN NAME Jui-Lan	SECOND GIVEN NAME/INITIAL
2 0 5	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
205	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
205	SIGNATURE			DATE:

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Tina McKeon

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2	FULL NAME OF INVENTOR	FAMILY NAME HUTCHINS	FIRST GIVEN NAME Jeff	SECOND GIVEN NAME/INITIAL T.	
0	RESIDENCE & CITIZENSHIP	CITY Cumming	STATE OR FOREIGN COUNTRY GA	COUNTRY OF CITIZENSHIP US	
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 1120 Quail Run Lane	CITY Cumming	STATE & ZIP CODE/COUNTRY GA 30041US	
201	SIGNATURE				DATE: <i>3-20-02</i>
2	FULL NAME OF INVENTOR	FAMILY NAME KUETTNER	FIRST GIVEN NAME Klaus	SECOND GIVEN NAME/INITIAL E.	
0	RESIDENCE & CITIZENSHIP	CITY Chicago	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP US	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS 445 W. Briar Place	CITY Chicago	STATE & ZIP CODE/COUNTRY IL 60657 US	
202	SIGNATURE	<i>Thomas M. Schmid</i>			DATE: <i>3-20-02</i>
2	FULL NAME OF INVENTOR	FAMILY NAME SCHMID	FIRST GIVEN NAME Thomas	SECOND GIVEN NAME/INITIAL M.	
0	RESIDENCE & CITIZENSHIP	CITY Downers Grove	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZENSHIP US	
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS 6806 Wolf Place	CITY Downers Grove	STATE & ZIP CODE/COUNTRY IL 60516 US	
203	SIGNATURE	<i>Thomas M. Schmid</i>			DATE: <i>3-20-02</i>
2	FULL NAME OF INVENTOR	FAMILY NAME SCHUMACHER	FIRST GIVEN NAME Barbara	SECOND GIVEN NAME/INITIAL L.	
0	RESIDENCE & CITIZENSHIP	CITY Cardiff by the Sea	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US	
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2418 Caminito Ocean Cove	CITY Cardiff by the Sea	STATE & ZIP CODE/COUNTRY CA 92007 US	
204	SIGNATURE				DATE:
2	FULL NAME OF INVENTOR	FAMILY NAME SU	FIRST GIVEN NAME Jui-Lan	SECOND GIVEN NAME/INITIAL	
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
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4	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2418 Caminito Ocean Cove	CITY Cardiff by the Sea	STATE & ZIP CODE/COUNTRY CA 92007 US	
204	SIGNATURE	<i>Barbara L. Schumacher</i>			DATE: <i>3/15/2002</i>
2	FULL NAME OF INVENTOR	FAMILY NAME SU	FIRST GIVEN NAME Jui-Lan	SECOND GIVEN NAME/INITIAL	
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
205	SIGNATURE	<i>Jui-Lan Su</i>			DATE: <i>3/25/02</i>

2	FULL NAME OF INVENTOR DIXON	FAMILY NAME DIXON	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL P.
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS Glax SmithKline Five Moore Drive, PO B x 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
206	SIGNATURE <i>Eric P. Dixon</i>			DATE: <i>3/25/02</i>